V. S. No. 2
M—11-10-39
ev. 5-17-39
1 X21492

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 9014

Registration District No. 791 | Primary Registration District No. | Registrar's No. 2497

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6041 Enright Ave. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis. 5 (If outside city or town limits, write "RURAL")

(d) Street No. 6041 Enright Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gertrude Mary Morrissey.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Edward J. Morrissey.

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased November (Month) 3, (Day) 1896 (Year)

8. AGE: Years 43 | Months 8 | Days 11 | If less than one day hr. min. 0

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER 12. Name Cornelius Gallagher. 5

13. Birthplace Ireland. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Margaret Gleason.

15. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Morrissey

(b) Address 6041 Enright Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAR 15 1940 (Date received by local registrar) (b) J. B. Bellock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th. year 1940 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from AUG. 1 1939, to MARCH 14 1940, that I last saw her alive on MARCH 14 1940, and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC myocarditis

Duration 1939

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. J. McKee (M. D. or other)

Address 4144 W. Florissant Date signed 3/14/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Mullen
4114 Elm
12-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.